

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         | ME SAY   |        | 18-06-01 |
| <b>O.I.P.E. CLASSIFIER</b>       | M-TW     | 50     | 08-15-01 |
| <b>FORMALITY REVIEW</b>          | A-T      | 1071   | 09/11/01 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | ✓    |
| 2     | ✓     | ✓        | ✓    |
| 3     | ✓     | ✓        | ✓    |
| 4     | ✓     | ✓        | ✓    |
| 5     | ✓     | ✓        | ✓    |
| 6     | ✓     | ✓        | ✓    |
| 7     | ✓     | ✓        | ✓    |
| 8     | ✓     | ✓        | ✓    |
| 9     | ✓     | ✓        | ✓    |
| 10    | ✓     | ✓        | ✓    |
| 11    | ✓     | ✓        | ✓    |
| 12    | ✓     | ✓        | ✓    |
| 13    | ✓     | ✓        | ✓    |
| 14    | ✓     | ✓        | ✓    |
| 15    | ✓     | ✓        | ✓    |
| 16    | ✓     | ✓        | ✓    |
| 17    | ✓     | ✓        | ✓    |
| 18    | ✓     | ✓        | ✓    |
| 19    | ✓     | ✓        | ✓    |
| 20    | ✓     | ✓        | ✓    |
| 21    | ✓     | ✓        | ✓    |
| 22    | ✓     | ✓        | ✓    |
| 23    | ✓     | ✓        | ✓    |
| 24    | ✓     | ✓        | ✓    |
| 25    | ✓     | ✓        | ✓    |
| 26    | ✓     | ✓        | ✓    |
| 27    | ✓     | ✓        | ✓    |
| 28    | ✓     | ✓        | ✓    |
| 29    | ✓     | ✓        | ✓    |
| 30    | ✓     | ✓        |      |
| 31    | ✓     | ✓        |      |
| 32    | ✓     | ✓        |      |
| 33    | ✓     | ✓        |      |
| 34    | ✓     | ✓        |      |
| 35    |       |          |      |
| 36    |       |          |      |
| 37    |       |          |      |
| 38    |       |          |      |
| 39    |       |          |      |
| 40    |       |          |      |
| 41    |       |          |      |
| 42    |       |          |      |
| 43    |       |          |      |
| 44    |       |          |      |
| 45    |       |          |      |
| 46    |       |          |      |
| 47    |       |          |      |
| 48    |       |          |      |
| 49    |       |          |      |
| 50    |       |          |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51    |       |          |      |
| 52    |       |          |      |
| 53    |       |          |      |
| 54    |       |          |      |
| 55    |       |          |      |
| 56    |       |          |      |
| 57    |       |          |      |
| 58    |       |          |      |
| 59    |       |          |      |
| 60    |       |          |      |
| 61    |       |          |      |
| 62    |       |          |      |
| 63    |       |          |      |
| 64    |       |          |      |
| 65    |       |          |      |
| 66    |       |          |      |
| 67    |       |          |      |
| 68    |       |          |      |
| 69    |       |          |      |
| 70    |       |          |      |
| 71    |       |          |      |
| 72    |       |          |      |
| 73    |       |          |      |
| 74    |       |          |      |
| 75    |       |          |      |
| 76    |       |          |      |
| 77    |       |          |      |
| 78    |       |          |      |
| 79    |       |          |      |
| 80    |       |          |      |
| 81    |       |          |      |
| 82    |       |          |      |
| 83    |       |          |      |
| 84    |       |          |      |
| 85    |       |          |      |
| 86    |       |          |      |
| 87    |       |          |      |
| 88    |       |          |      |
| 89    |       |          |      |
| 90    |       |          |      |
| 91    |       |          |      |
| 92    |       |          |      |
| 93    |       |          |      |
| 94    |       |          |      |
| 95    |       |          |      |
| 96    |       |          |      |
| 97    |       |          |      |
| 98    |       |          |      |
| 99    |       |          |      |
| 100   |       |          |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101   |       |          |      |
| 102   |       |          |      |
| 103   |       |          |      |
| 104   |       |          |      |
| 105   |       |          |      |
| 106   |       |          |      |
| 107   |       |          |      |
| 108   |       |          |      |
| 109   |       |          |      |
| 110   |       |          |      |
| 111   |       |          |      |
| 112   |       |          |      |
| 113   |       |          |      |
| 114   |       |          |      |
| 115   |       |          |      |
| 116   |       |          |      |
| 117   |       |          |      |
| 118   |       |          |      |
| 119   |       |          |      |
| 120   |       |          |      |
| 121   |       |          |      |
| 122   |       |          |      |
| 123   |       |          |      |
| 124   |       |          |      |
| 125   |       |          |      |
| 126   |       |          |      |
| 127   |       |          |      |
| 128   |       |          |      |
| 129   |       |          |      |
| 130   |       |          |      |
| 131   |       |          |      |
| 132   |       |          |      |
| 133   |       |          |      |
| 134   |       |          |      |
| 135   |       |          |      |
| 136   |       |          |      |
| 137   |       |          |      |
| 138   |       |          |      |
| 139   |       |          |      |
| 140   |       |          |      |
| 141   |       |          |      |
| 142   |       |          |      |
| 143   |       |          |      |
| 144   |       |          |      |
| 145   |       |          |      |
| 146   |       |          |      |
| 147   |       |          |      |
| 148   |       |          |      |
| 149   |       |          |      |
| 150   |       |          |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY